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<i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEE TRANSMITTAL For FY 2008		Application Number	10/553,457-Conf. #6979
		Filing Date	October 17, 2005
		First Named Inventor	Thomas Bohm
		Examiner Name	Kasture, Dnyanesh G.
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3746
TOTAL AMOUNT OF PAYMENT	(\$) 120.00	Attorney Docket No.	327_106

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: <u>50-0289</u>		Deposit Account Name: <u>Marjama Muldoon Blasiak & Sullivan LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input type="checkbox"/> Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) Fee (\$) Small Entity Fee (\$) 50 25							
Each independent claim over 3 (including Reissues) Fee (\$) Small Entity Fee (\$) 210 105							
Multiple dependent claims Fee (\$) Small Entity Fee (\$) 370 185							
Total Claims Extra Claims Fee (\$) Fee Paid (\$)				Multiple Dependent Claims			
<u> </u> - 20 = <u> </u> x <u> </u> = <u> </u>				Fee (\$) Fee Paid (\$)			
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)				<u> </u>			
<u> </u> - 3 = <u> </u> x <u> </u> = <u> </u>				Fee (\$) Fee Paid (\$)			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof				Fee (\$)	Fee Paid (\$)		
<u> </u> - 100 = <u> </u> /50 = <u> </u> (round up to a whole number) x <u> </u> = <u> </u>				Fee (\$)			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <u>1251 Extension for response within first month</u> Fee (\$) Fee Paid (\$) 120.00							

SUBMITTED BY					
Signature	/Denis J. Sullivan/		Registration No. (Attorney/Agent)	47,980	Telephone (315) 425-9000
Name (Print/Type)	Denis J. Sullivan		Date	May 27, 2008	

Fee Transmittal	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: May 27, 2008	Electronic Signature for Danielle Menzies: /Danielle Menzies/